HIV Testing Behaviors Among Latino/a Migrant Farm Workers in Three California Counties

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Migrant And Seasonal Farm Worker (MSFW) Characteristics

- Three U.S. migrant streams: West Coast, Mid-West and Atlantic
- California farm worker (NAWS, 1997)
 - Nearly all are foreign-born, mostly from Mexico
 - 95% communicate in Spanish, less than 10% of foreign-born workers speak or read English fluently
 - Typically completed 6 years of education
 - 40% are not eligible to work in the U.S
 - Average age is 33, 80% are males
 - 60% are married with more than half have children
 - 61% live in poverty (median income (\$5000-\$7500)
- California MSFW population over 18 is estimated at 899,500 (HRSA, 2000)

MSFW, Health Care and HIV

- NAWS, 1997
 - Forty percent have used health care services in the past two years
 - Most likely to seek health care from an emergency room or from a private physician
 - Only 5% have health insurance
- High level of risk behaviors (CA 1997)
- Mixed knowledge of HIV transmission
- HIV seroprevalence estimates are varied (2.6% NC, 1987; 13% SC, 1990; 3.2% NJ, 1991; 5% FL, 1992; 0% CA, 1997)

HIV Testing Survey Objective

The over-all objective of the study was to assess HIV testing patterns and the reasons for seeking or delaying HIV testing.

Methods

- Formative research was conducted to identify community groups that work closely with MSFW and venues for recruitment at the selected counties.
- Conducted in the CA counties of Yolo, Solano and San Joaquin from September to December 2002
- 22 interview sites; 3 are all-male camps
- Spanish and English survey instrument
- Training sessions conducted for interviewers
- Eligibility: 18 years of age or older
- Non-probability sample of 400 interviewees
- 76% response rate

Demographics

Characteristic		n=400	Col %
Gender	Male	261	65.2%
	Female	139	34.8%
Marital Status	Married/ live-in	286	71.5%
	Single/ divorced/ separated	112	28.0%
	missing	2	0.5%
Age Category	18-21	83	20.8%
	22 - 25	53	13.3%
	26-35	123	30.8%
	36-45	69	17.3%
	46 – 55	44	11.0%
	56 or older	27	6.8%
	missing	1	0.25%
Educational Level	None or primary schooling	236	59.0%
	Some high school or college	160	40.0%
	missing	4	1.0%
Language at	Spanish	392	98.0%
Home	English	1	0.25%
	Other(Mixteco, Indian)	5	1.25%
	missing	2	0.5%

MSFW Demographics

Characteristic		n= 400	Col %
Place of Birth	United States	29	7.25%
	Mexico	367	91.75%
	Central America	4	1.0%
Residence Type	Migrant Camp	214	53.5%
	non-migrant housing	184	46.0%
	missing	2	0.5%
Monthly income	< \$500	40	10.0%
	\$500-\$1000	208	52.7%
	\$1000-\$1500	94	23.8%
	\$1500-\$2000	29	7.3%
	>\$2000	24	6.1%
	missing	5	1.25%
Financial Situation	can pay living expenses and save	181	45.25%
	can pay living expenses but NOT save	198	49.5%
	CANNOT pay for living expenses	16	4.0%
	missing	5	1.25%
Insurance Status	No Insurance	292	73.0%
	Has Insurance	102	25.5%
	missing	6	1.5%

HIV Testing Experience

In general, only 31% (125/400) of the survey participants reported ever being tested for HIV. 111 respondents reported that their HIV tests were negative. Three respondents were not sure about the test results and no one reported about having a positive HIV test result.

The Reasons for HIV Testing		%
Wanted to know their serostatus	71	57
The doctor has suggested		35
Tested because they wanted to have a child		28
Testing was a part of a STD or a routine		26
medical check-up		
Someone else has suggested	25	20
Tested because they thought that they had	14	11
been exposed to HIV through sex		
Thought they may have been exposed to HIV		11
through sex		
Tested because their partner wanted	7	6
Testing was required by insurer/military		3
service/court		
Tested because their partner was HIV positive		1.6

Factors Associated with HIV Testing

		Significance	Odds Ratio	95% Confidence Interval	
Gender	Female	$\alpha < .01$	2.7	1.7	4.3
	Male		1.0		
Education	High school/college	$\alpha < .01$	1.8	1.2	2.9
	None/ primary		1.0		
Partner Status	Married/live-in	α < .05	2.0	1.2	3.3
	Single/divorced/ separated		1.0		
Insurance Status	Insured	$\alpha < .01$	2.6	1.6	4.2
	Uninsured		1.0		

Main Reasons for Not Testing in Past Year

	N	%
Were sure that they were HIV negative	219	84
Perceived as unlikely that they could have been exposed to HIV	178	68
Did not know about where one can get tested for HIV in their area	99	38
Did not have time	47	18
Did not want to think about being HIV positive	39	15
Did not want to upset their family members	32	12
Being afraid to learn that they could be HIV positive	29	11
Friends would react badly	26	10
Worried that their name would be reported to government/police, etc.	23	9

Overall, 65% of the survey participants (260/400) reported that they had never tested for HIV.

Conclusion

- Migrant farm workers who had ever tested for HIV were encouraged or recommended to do so by their medical provider, sexual partner(s), friends and, outreach workers.
- Among other frequent reasons for getting tested were: willingness to know their HIV status; being pregnant or wanting to have a child; HIV test requirement as a part of STD or medical routine check-up.

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- Most of the migrant farm workers never tested for HIV because they considered themselves as not at-risk for contracting HIV.
- Some of them do not know where to get tested and are afraid to get tested because they think that the tests are not anonymous.
- There is a fear about social consequences associated with a positive HIV test. Survey participants expressed their reluctance to test for HIV being afraid that it could affect their relationships with family and friends.

Conclusion (continued)

- There is a need for increased HIV/AIDS education/campaign and testing among migrant farm workers in California.
- Increased outreach and on-site workshops could be effective methods for disseminating information on HIV/AIDS, anonymous testing sites since many of the farm workers do not have time to participate to workshops outside of their farms.
- Having outreach of medical personnel (using mobile vans) and creating access to the clinics located on the camps may increase the rate of HIV/AIDS testing and education
- Providing linguistically and culturally appropriate information and anonymous HIV testing are equally essential for preventing the HIV/AIDS epidemic in this population.